

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		08/01-01
O.I.P.E. CLASSIFIER		12	09-03-01
FORMALITY REVIEW	<del>BM</del>	SC 886	12/20/01
RESPONSE FORMALITY REVIEW	H.L.	1079	

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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830  
 08/03/01  
 836  
 12-20-01